



Commonwealth of Massachusetts  
Group Insurance Commission

*Your  
Benefits  
Connection*

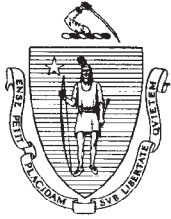
2006-2007

# GIC Benefit Decision Guide

for Employees, Retirees & Survivors

For Changes Effective  
July 1, 2006





MITT ROMNEY  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR

THE COMMONWEALTH OF MASSACHUSETTS  
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Spring 2006

Dear Friends:

These days health care is at the top of local, state and national agendas. From trying to find ways to cover the uninsured to implementing the new Medicare prescription drug benefits, there is a great deal of attention on health care issues in my Administration and across Massachusetts.

The Group Insurance Commission (GIC) has worked tirelessly to manage the affordability, quality and cost of health care in creative new ways, in order to continue to offer Commonwealth employees, retirees and their families quality care at reasonable prices. This year's health plan choices emphasize your active participation in selecting a plan that fits your needs. To that end, the GIC has provided valuable information to help you select high-quality providers, hospitals and physicians who have demonstrated the prudent use of expensive resources. The health plans described in this **2006-2007 Benefit Decision Guide** represent another step forward in the GIC's efforts to inform you about how to choose your health care.

I urge you to read the materials carefully, choose carefully, and make the best selections for you and your family. The only way the GIC can continue to succeed in providing comprehensive benefits at a reasonable cost is if you become a more active participant, spending health care dollars wisely and becoming an informed health care consumer.

Sincerely,

A handwritten signature of Mitt Romney in dark ink, written in a cursive style.

Mitt Romney

# How to Use This Guide

## All enrollees should read:

Your responsibility as an enrollee . . . . .	2
Website . . . . .	2
Changing how we choose and use health care . . . . .	3
Medicare Part D prescription drug reminders and warnings . . . . .	3

## Options during annual enrollment:

How to choose a health plan . . . . .	4
---------------------------------------	---

## Find out about Employee and Non-Medicare Retiree health plan options:

Prescription drug benefits – all GIC plans . . . . .	5
Benefits-at-a-glance: Commonwealth Indemnity plans' and Tufts Navigator's mental health-substance abuse . . . . .	6
Commonwealth Indemnity plans' prescription drug benefits . . . . .	7
Is the health plan available in your area? . . . . .	8
Benefits-at-a-glance: Commonwealth Indemnity Plan and Community Choice . . . . .	9
Benefits-at-a-glance: Select & Save plans' in-network benefits . . . . .	10
Benefits-at-a-glance: PPO-type plans . . . . .	12
Benefits-at-a-glance: HMOs . . . . .	14
Insured and Spouse Coverage if Under and Over Age 65 . . . . .	17

## Find out about your Medicare health plan options:

Prescription drug benefits – all GIC plans . . . . .	5
Commonwealth Indemnity Plan Medicare Extension (OME) prescription drug benefits . . . . .	7
Is the Medicare health plan available in your area? . . . . .	16
Medicare and your GIC benefits . . . . .	17
Insured and Spouse Coverage if Under and Over Age 65 . . . . .	17
Benefits-at-a-glance: Medicare plans . . . . .	18
Benefits-at-a-glance: Commonwealth Indemnity Plan Medicare Extension (OME) mental health-substance abuse . . . . .	6


## Resources for additional information:

GIC Plan contact information . . . . .	20
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This symbol indicates a Select & Save Plan



Pay special attention to the  sections throughout this guide

*The Benefit Decision Guide is not a benefit handbook.  
It is an overview of GIC benefits and should be used as a guide.*

# Your Responsibility as an Enrollee



## GIC Enrollees **MUST** Notify The GIC When Their Personal Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for health care services provided to you or a family member. Active employees, please tell your GIC Coordinator if any of the following changes occur. Retirees, please write to the GIC:

- Marriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of an insured
- Remarriage of a former spouse
- Dependent turning age 19
- Marriage of a covered dependent
- Student dependent 19 and over graduating, withdrawing from school, and changing from full-time to part time status
- Death of an insured
- Death of a covered spouse, dependent or beneficiary

You may have personal financial responsibility associated with the lack of timely notification.



## GIC Q&A

**Q** *I'm turning age 65; what do I need to do?*

**A** If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible and if you continue working after age 65, you should enroll in Medicare Part A. You and your spouse should NOT enroll in Medicare Part B until you (the insured) retire. When you retire, refer to the Medicare section of this guide for your health plan options.

The spouse of an active employee who is 65 or over should sign up for Medicare Part A when he or she (the spouse) reaches age 65 and enroll in Part B when the insured retires. (Due to federal law, different rules apply for a same sex spouse. See our website for details.)

Most enrollees should not sign up for Medicare Part D. *See page 3 for more information.*

**Q** *If I die, are my surviving spouse and children eligible for GIC health insurance?*

**A** If you (the state employee) have coverage through the GIC at the time of your death and you and your spouse are not divorced or legally separated, your surviving spouse is eligible to continue his/her GIC health insurance coverage until he/she remarries or dies. Your surviving spouse must apply for survivor spouse coverage, as it is not an automatic benefit. To apply, your surviving spouse must contact the GIC. Upon approval, the GIC will directly bill your surviving spouse for his/her share of the health insurance premium.

## Our Website Provides Additional Helpful Information

[www.mass.gov/gic](http://www.mass.gov/gic)

### See our website for:

- Answers to frequently asked questions
- Forms to expedite your annual enrollment decisions
- Information about and links to all GIC plans
- Health articles and links to help you take charge of your health, including a hospital research tool (password: *quality*)



## Changing How We Choose and Use Health Care

Three years ago the GIC embarked on a program called the Clinical Performance Improvement (CPI) Initiative to address the wide disparity in physician and hospital performance as well as an alarming rise in health care costs. We have gathered information about health providers to quantify differences in care. The data analysis was provided to our health plans to develop benefit plans that reward you, through modest co-pay differentials, for choosing quality, cost-effective care. The goal is to increase transparency in health care's cost and quality so that you can become more knowledgeable when making health care decisions.

Some employers have tried to address the rising cost of health care by moving to high deductible plans, where employees must pay the first \$1,000 to \$2,000 of their care. Other employers have discontinued or drastically reduced coverage, particularly for retirees, and certain others are charging smokers more for their coverage. The GIC's CPI Initiative offers an alternative to these measures that will help to preserve comprehensive benefit levels and choice, while improving health care quality and cost efficiency.

In keeping with our CPI Initiative, over the last two years, we have introduced new Select & Save plans and enhanced existing plans. Many of these programs include selective networks or tiered hospital networks that highlight quality, cost-effective clinicians and facilities.

## Select & Save Plan Changes This Year



This year, we are expanding our programs to include more information about the quality and cost of physicians. The Select & Save program encourages members to seek out physicians who are mindful of treatment quality and cost. Each plan put together its own benefit design consistent with the CPI Initiative. Some plans tiered co-pays for primary care physicians, others tiered co-pays for specialists. Members retain access to all of the providers in our health plans' networks. (These changes do not apply to the Commonwealth Indemnity Plan Basic or GIC Medicare plans.)

*An overview of each Select & Save plan on pages 10-11 helps you compare co-pay tiers by plan. For detailed information about how the plans have tiered providers, and which providers are in which tier, contact the health plans.*

## Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the Medicare drug plans being offered. Therefore, you should not enroll in a Medicare drug plan.

- A "Creditable Coverage Notice" will be in your plan handbooks effective July 1, 2006. This notice is also available on our website. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you must show this notice to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan, Harvard Pilgrim First Seniority Freedom Premier and Tufts Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically disenroll you from your GIC Medicare Advantage health plan, which includes both your medical and your drug coverage.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage and this may be the one case where signing up for a Medicare Part D plan may work for you. Help is available online at [www.ssa.gov](http://www.ssa.gov) or by phone at 1.800.772.1213.



## Medicare Retirees

*If you have Medicare, see pages 16-19 for your options.*

# How to Choose a Health Plan

Choosing a health plan that's right for you and your family is an important decision. Although monthly premium is an important attribute to consider, it is only one of many factors that will help determine your satisfaction with a plan.

**Keep in mind that doctors, hospitals and other health care providers can leave a plan's network, but you may not change plans until the next annual enrollment, unless you move out of the plan's service area.**

	INDEMNITY BASIC & MEDICARE EXTENSION (OME)	INDEMNITY COMMUNITY CHOICE	INDEMNITY PLUS	HARVARD PILGRIM INDEPENDENCE	NAVIGATOR BY TUFTS HEALTH PLAN	HMOs AND HMO MEDICARE PLANS
Are you eligible to join the plan and is it available in your area?	Yes*	See pages 8 and 16-17				
What will your monthly premium cost be?	See enclosed rates.					
What will your out-of-pocket costs be?	Estimate your out-of-pocket costs by comparing co-pays and deductibles for the services you and your covered dependents are likely to use.  See pages 6, 9-15 and 18-19.					
Does your doctor(s) participate in the plan?	Yes*	Yes, if your doctor is in Massachusetts	Contact the plan for information on in-network doctors			
Does your hospital(s) participate in the plan?	Yes*	Contact the plan for information on in-network hospitals				
Will you have out-of-state coverage?	Unlimited*	Limited	Limited – available in some contiguous states	Limited – available in some contiguous states	Limited – available in some contiguous states	Limited
	Emergency care is covered by all plans. See charts on pages 8 and 16 for coverage by county and contiguous state coverage. The Commonwealth Indemnity Plan Basic and Commonwealth Indemnity Plan Medicare Extension (OME) are the only plans available throughout the United States and outside of the country.					
Do you need to select a Primary Care Physician (PCP) to coordinate care and obtain referrals to most specialists?	No	No	No	No	No	Yes
Do you need plan authorization for certain procedures – such as MRIs, physical therapy, and hospitalizations?	Yes for all plans.					
Is there out-of-network coverage with reduced benefits?	N/A	Yes	Yes	Yes	Yes	No
How does the plan rate in quality and member satisfaction?	See the 2005 MHPG-GIC HMO Report Card, available on our website. Ask friends about their experience with a health plan.					
Does the plan have a pre-existing condition exclusion?	No for all plans.					
Does the plan offer gym membership and eyewear discounts?	Contact the plan for details.					
What are the plan’s physical therapy, occupational therapy and chiropractic benefits?	Contact the plan.					
What company administers the prescription drug benefits?	Express Scripts	Express Scripts	Express Scripts	Harvard Pilgrim Health Care	Caremark	The HMO
What company administers mental health/substance abuse benefits?	United Behavioral Health	United Behavioral Health	United Behavioral Health	PacificCare Behavioral Health	United Behavioral Health	HMOs arrange coverage internally or with a managed mental health plan

\* Benefit payments to out-of-state providers are determined by allowed amounts and you may be responsible for a portion of the total charge. This does not apply to Commonwealth Indemnity Plan Medicare Extension (OME) members.

# Prescription Drug Benefits – All GIC Plans

## Multi-Tier Co-payment Structure

All GIC health plans have a tiered co-payment structure in which members generally pay less for generic drugs and more for brand name drugs. This system maintains a broad choice of covered drugs for patients and their doctors, while providing an incentive to use medications that are safe, effective and less costly.

The following descriptions will help you understand your prescription drug co-payment levels. *See the Benefits-at-a-Glance charts on pages 9, 12-15 and 18-19 for the corresponding co-payment information.* (Some plans may categorize their prescription drug tiers differently from those listed below. Call the plans for more information.)

**Generic (usually tier 1):** Generic drugs contain the same active ingredients as brand name drugs and are sold under their chemical name. These drugs are subject to the same rigid FDA standards for quality, strength, and purity as brand name drugs. Generic drugs cost less than brand name drugs because they do not require the same level of sales, advertising, and development expenses associated with brand name drugs.

**Preferred Brand Name (tier 2):** The manufacturer sells these drugs under a trademarked name. Preferred brand name drugs usually do not have less costly generic equivalents.

**Non-Preferred Brand Name (tier 3):** These drugs are also trademarked. They have a generic equivalent or a preferred brand alternative that can be substituted.



### Tips for Reducing Your Out-of-Pocket Prescription Drug Costs

You want the best when it comes to medications, and you want to spend your money wisely. You *can* do both. The following tips will help you lower your out-of-pocket prescription drug costs:

**Ask for Generics:** Ask your doctor or pharmacist if there is a generic drug that is appropriate for your condition. By choosing a generic medication, you usually can save on your co-payment. Generic drugs generally cost less than brand name drugs.

## Give Your Doctor a Copy of Your Plan's

**Formulary:** The majority of GIC plans revise their drug formularies in January and update them throughout the year. It is available on most plan websites. Photocopy the formulary, keep a copy for yourself and give it to each doctor that you see.

The formulary gives you a list of the most commonly prescribed medications – generics and preferred brand name drugs – with the lowest co-pays. Frequently, there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. Discuss with your doctor whether the drugs with lower co-payments are appropriate for you.

**Use Mail Order:** If you are taking a medication on a regular basis, take advantage of mail order savings and convenience. Members taking drugs for asthma, high blood pressure, allergies, high cholesterol and other long-term conditions will enjoy lower co-pays and home delivery with mail order. For most drugs, you will only need to order refills once every three months – you get up to a 90-day supply of your medication with each order. Once you begin mail order, you can conveniently order refills by phone or Internet. It's easy to get started. Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year if appropriate. Complete a mail service order form and send it along with your prescription and co-pay to your prescription drug plan. Members receive a mail order prescription drug form when they enroll in the plan. *See pages 9, 12-15 and 18-19 to calculate how much you will save by switching from using your local pharmacy to using mail order.*

## Medicare Part D and Your Prescription Drug Benefits

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the Medicare drug plans being offered. Therefore, you should not enroll in a Medicare drug plan. *See page 3 for additional details.*

# Benefits-at-a-Glance: Mental Health-Substance Abuse

For the Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan Medicare Extension (OME), Commonwealth Indemnity Plan PLUS and Navigator by Tufts Health Plan

This chart is an overview of plan benefits. It is not a complete description. Services for mental health and substance abuse conditions are not covered through the medical portion of your plan. *For more detailed information about the plan design and providers, call UBH or visit its website.*

	COVERAGE	
PROVIDER	United Behavioral Health (UBH)	
TELEPHONE	1.888.610.9039	
WEBSITE	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)	
BENEFITS	In-Network	Out-of-Network
<b>Inpatient Care<sup>2</sup></b> <i>Mental Health</i> General hospital or Psychiatric hospital <i>Substance Abuse</i> General hospital or substance abuse facility	100%, after inpatient care deductible	80% <sup>1</sup> , after deductible
<b>Intermediate Care<sup>2</sup></b> <i>Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, day/partial hospitals, structured outpatient treatment programs.</i>	100%	80%
<b>Outpatient Care<sup>2</sup></b> <i>Individual and family therapy</i>	<i>Indemnity Basic, Community Choice, PLUS and Tufts Navigator</i> 100%, after \$15 per visit <i>Medicare Extension OME</i> First 4 visits: 100% Visits 5 and over: 100%, after \$10 per visit	First 15 visits: 80% per visit Visits 16 and over: 50% per visit <sup>3</sup>
<b>Enrollee Assistance Program (EAP):</b> <i>Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.</i>	<i>Indemnity Basic, Community Choice, PLUS and Tufts Navigator</i> Up to 3 visits: 100%	No coverage for EAP
<b>Inpatient Care per Admission Deductible</b>	<i>Indemnity Basic</i> \$150 per calendar quarter <i>Community Choice, PLUS and Tufts Navigator</i> \$200 per calendar quarter <i>Medicare Extension OME</i> \$50 per calendar quarter	\$150 per admission
<b>Annual Deductible</b> <i>(Separate from the medical deductible and out-of-pocket maximum)</i>	None	<i>Indemnity Basic, Community Choice, PLUS and Tufts Navigator</i> \$150 per person <i>Medicare Extension OME</i> \$100 per person RMT/EGR \$75 per person
<b>Provider Eligibility</b>	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

<sup>1</sup> Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.

<sup>2</sup> Treatment that is not pre-certified receives out-of-network level reimbursement. Out-of-network charges subject to reasonable and customary allowances.

<sup>3</sup> All outpatient out-of-network visits beyond session 15 require pre-authorization.



Express Scripts, Inc. is the prescription drug benefits administrator for members of the Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan Medicare Extension (OME), and Commonwealth Indemnity Plan PLUS.

The prescription drug plan encourages the use of safe, effective and less expensive prescription drugs. In addition to a three-tier formulary and less expensive mail order service, as described on page 5, the Plan has three programs that address the issues of quality, safety and cost:

## Pilot Program with Value Co-Pays

Last year the GIC introduced pilot programs that encourage members to adhere to their cholesterol-lowering statin regimen and discourage members from taking high-cost GI/stomach drugs, such as Nexium, when other lower-cost drugs might work just as well. This pilot program, which lowers co-pays for certain generic drugs, will continue in Fiscal Year 2007.

Members prescribed these drugs will enjoy a very low **\$2 retail and \$4 mail order co-pay** for the following drugs:

- Generic versions of Mevacor
- Stomach acid medications: generic versions of H-2 antagonists, such as Tagamet 300, 400 and 800 mg, Pepcid 40 mg, Axid 150 and 300 mg, or Zantac 300 mg

These drugs would ordinarily have co-pays of \$7 at retail and \$14 through mail order.

In an effort to discourage members from taking drugs whose efficacy, value and/or safety is questionable, the following medications will stay on the **non-preferred brand name drug tier of \$40 retail and \$90 mail order**:

- COX-2 inhibitors: Celebrex
- All Proton Pump Inhibitors (PPIs): e.g., Nexium, Prevacid, Aciphex, Protonix and prescription-strength Prilosec

## Prilosec OTC Covered

The GIC will continue to cover over-the-counter versions of Prilosec at a co-pay of \$7 retail and \$14 mail order. Have your physician write a prescription for Prilosec OTC to receive coverage.

Last year we moved omeprazole (generic Prilosec) to the non-preferred brand name tier in response to the high cost of this drug. Since that time, the price of this drug has fallen, so omeprazole will be moved to the preferred brand tier effective July 1, 2006.

## Step Therapy

Under this program, members are encouraged to use the most appropriate drug therapy for certain conditions. Frequently, a physician will prescribe the most expensive drug without first trying effective, less-costly drugs proven to work for your condition. The Step Therapy program encourages the use of effective first-line drugs before expensive, second-line alternatives. Certain drugs that treat the following conditions are covered by Step Therapy: stomach acid, pain/arthritis, allergies, high blood pressure, topical dermatitis, ADD/ADHD, high cholesterol and depression. This drug list is subject to change. First-line drug treatments are safe, effective and less expensive than the second-line drugs. If your doctor thinks you need a second-line drug, he or she must contact Express Scripts to request a prior authorization.

## Generics Preferred

This program provides an incentive for members to use the generic version of a brand name drug. If your doctor writes "do not substitute" on your prescription for a non-preferred brand name drug for which there is a generic version, you will pay the generic drug co-pay *and* the difference between the cost of the generic drug and the cost of the non-preferred brand name drug. Make sure your doctor knows that not using the generic drug will cost you more. He or she may reconsider whether or not to put you on the more expensive alternative.

### Commonwealth Indemnity Plans' Prescription Drug Questions?

Contact Express Scripts

1.877.828.9744

[www.express-scripts.com](http://www.express-scripts.com)

# Is the Plan Available in Your Area?

Where you live determines which health plan(s) you are eligible to join. Review the country and state map below for an overview of health plan(s) available in your area.

**VERMONT\*\***

IP HP THP

**NEW HAMPSHIRE\*\***

IP PLUS HP THP

**MAINE\*\***

IP PLUS HP

**The Commonwealth Indemnity Plan Basic is the only health plan available throughout the United States and out of the country.**

**FRANKLIN**

IP CC PLUS FLSC\* HP HNE THP

**BERKSHIRE**

IP CC PLUS HP HNE THP

**HAMPSHIRE**

IP CC PLUS FLDC\* FLSC\* HP HNE THP

**HAMPDEN**

IP CC PLUS FLDC\* FLSC\* HP HNE THP NHP NHCC\*

**WORCESTER**

IP CC PLUS FLDC\* FLSC HP HNE\* THP NHP NHCC\*

**MIDDLESEX**

IP CC PLUS FLDC\* FLSC HP THP NHP NHCC\*

**ESSEX**

IP CC PLUS FLSC HP THP NHP

**NORFOLK**

IP CC PLUS FLDC\* FLSC HP THP NHP NHCC

**SUFFOLK**

(IP, CC, PLUS, FLSC, HP, THP, NHP, NHCC)

**CONNECTICUT\*\***

IP PLUS THP HP\*

**RHODE ISLAND\*\***

IP PLUS HP THP

**BRISTOL**

IP CC PLUS HP THP NHP\* NHCC\*

**PLYMOUTH**

IP CC PLUS FLSC\* HP THP NHP\* NHCC\*

**BARNSTABLE**

IP CC PLUS HP THP

**DUKES**

(IP, CC, HP)

**NANTUCKET**

- IP Commonwealth Indemnity Plan Basic
- CC Commonwealth Indemnity Plan Community Choice
- PLUS Commonwealth Indemnity Plan PLUS
- FLDC Fallon Direct Care
- FLSC Fallon Select Care
- HP Harvard Pilgrim Independence Plan
- HNE Health New England
- THP Navigator by Tufts Health Plan
- NHP NHP Care
- NHCC NHP Community Care



\* Plans may not be available in every city and town in this country. Call the plans for their specific information.

\*\* Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage.

## Benefits-at-a-Glance: Commonwealth Indemnity & Community Choice

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

*For more information about plan designs, call the plan or visit its website.*

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN BASIC WITH CIC <sup>1,2</sup> (Comprehensive)	COMMONWEALTH INDEMNITY PLAN COMMUNITY CHOICE	
		In-Network	Out-of-Network <sup>3</sup>
PROVIDER	UNICARE	 UNICARE	
TELEPHONE NUMBER	1.800.442.9300	 1.800.442.9300	
WEBSITE	<a href="http://www.unicare-cip.com">www.unicare-cip.com</a>	<a href="http://www.unicare-cip.com">www.unicare-cip.com</a>	
Inpatient Hospital Care	100%, after hospital deductible	See page 10	100%, after hospital deductible
Hospice Care	100%, after calendar year deductible	100%	
Emergency Room Care (includes out-of-area)	100%, after \$50 co-pay (waived if admitted)	100%, after \$50 co-pay (waived if admitted)	100%, after \$100 co-pay (waived if admitted)
Outpatient Surgery	100%, after outpatient surgery deductible	100% after outpatient surgery deductible	
Diagnostic Laboratory Test	100% with preferred provider 80% of allowed charges without preferred provider	100%	100%, after \$50 co-pay hospital-based; 100% non hospital-based
Diagnostic Imaging (e.g., X-Rays, CT Scans, MRIs)	100%	100%	100%, after \$50 co-pay hospital-based; 100% non hospital-based
Physician Office Visit (except mental health)	100%, after \$10 per visit and calendar year deductible	See page 10	Not applicable
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
Inpatient Hospital Deductible per quarter	\$150	See page 10	\$750 per admission
Outpatient Surgery Deductible	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$250 per occurrence
Calendar Year Deductible Individual Family	\$75 \$150	\$0 \$0	\$0 \$0
Prescription Drug Co-pay <sup>4</sup> Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs <sup>5</sup> .		
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$90 non-preferred brand name drugs <sup>5</sup> .		
Mental Health and Substance Abuse Care	See page 6		

<sup>1</sup> Benefit payments to out-of-state providers are determined by allowed amounts. Members may be responsible for a portion of the total charge.

<sup>2</sup> Without CIC (non-comprehensive) deductibles are higher and coverage is only 80% for some services. Contact UniCare for details.

<sup>3</sup> Benefits are subject to reasonable and customary allowed amounts. Members may be responsible for a portion of the total charge.

<sup>4</sup> Contact Express Scripts to find out how a specific drug is categorized.

<sup>5</sup> Additional charges may apply. See page 7 for Express Scripts benefit details.

# Benefits-at-a-Glance: SELECT & SAVE In-Network Benefits

This chart is a comparative overview of in-network plan co-pays for physician office visits and inpatient hospital care. Contact your plan, and other plans you are considering, to see which tier your doctors are in.



Medical providers – doctors, hospitals and other care givers – vary in their use of medical resources and overall quality

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN COMMUNITY CHOICE	COMMONWEALTH INDEMNITY PLAN PLUS
PROVIDER	UNICARE	UNICARE
TELEPHONE NUMBER	1.800.442.9300	1.800.442.9300
WEBSITE	www.unicare-cip.com	www.unicare-cip.com
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN <sup>2</sup> . Contact the plans for details.	
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit
Tier 3	No tier 3	No tier 3
Specialist Physician Office Visit		
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit
Inpatient Hospital Care		
Tier 1	100%, after \$200 per admission	100%, after \$200 per admission
Tier 2	No tiering	100%, after \$400 per admission
Tier 3	No tiering	No tier 3
	Maximum one deductible per calendar quarter per person	

HEALTH PLAN	HARVARD PILGRIM INDEPENDENCE PLAN	HEALTH NEW ENGLAND
PROVIDER	HARVARD PILGRIM HEALTH CARE	HEALTH NEW ENGLAND
TELEPHONE NUMBER	1.800.542.1499	1.800.842.4464
WEBSITE	www.harvardpilgrim.org/gic	www.hne.com
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN <sup>2</sup> . Contact the plans for details.	
Tier 1	100%, after \$15 per visit	100%, after \$10 per visit
Tier 2	No tiering	100%, after \$15 per visit
Tier 3	No tiering	100%, after \$25 per visit
Specialist Physician Office Visit		
Tier 1	100%, after \$15 per visit <sup>3</sup>	100%, after \$15 per visit
Tier 2	100%, after \$25 per visit <sup>3</sup>	No tiering
Inpatient Hospital Care		
Tier 1	100%, after \$400 per admission	100%, after \$200 per admission
Tier 2	No tiering	No tiering
Tier 3	No tiering	No tiering
	Maximum 4 co-pays annually per person	

<sup>1</sup> Fallon Community Health Plan Select Care calls its physician tiers Value Plus (tier 1) and Value (tier 2); Tiers for all services are based on the Primary Care Physician's tier.

<sup>2</sup> Co-pays for OB/GYNs in Community Choice, PLUS, Harvard Independence and Tufts Navigator are the same as co-pays for PCPs.

<sup>3</sup> Harvard Pilgrim Independence Plan tiers the following Massachusetts specialists into tier 1 or tier 2: Cardiology, Orthopedics, General Surgery, Gastroenterology, Dermatology. All other specialists are in tier 2.



of care. Our Select & Save plans give you information about these variances and give you co-pay incentives for choosing high quality and/or cost-effective providers or limited provider networks. Each plan has its own groupings of providers that meet and exceed quality and/or cost effectiveness thresholds. *See pages 9 and 12-15 for an overview of other benefits.*

FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE <sup>1</sup>
FALLON COMMUNITY HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN
1.866.344.4442	1.866.344.4442
www.fchp.org	www.fchp.org

Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN<sup>2</sup>. Contact the plans for details.

100%, after \$10 per visit Child Preventive Care: 100%	100%, after \$15 per visit Child Preventive Care: 100%, after \$5 per visit
No tiering	100%, after \$20 per visit Child Preventive Care: 100%, after \$10 per visit
No tiering	No tier 3
100%, after \$15 per visit	100%, after \$20 per visit
No tiering	100%, after \$25 per visit
100%, after \$200 per admission	100%, after \$250 per admission
No tiering	100%, after \$300 per admission
No tiering	No tier 3
Maximum 4 co-pays annually per person	

NAVIGATOR BY TUFTS HEALTH PLAN	NHP COMMUNITY CARE
TUFTS HEALTH PLAN	NEIGHBORHOOD HEALTH PLAN
1.800.870.9488	1.800.462.5449
www.tuftshealthplan.com/gic	www.nhp.org

Primary Care physicians include physicians with specialties in internal medicine, family practice, pediatrics and in some plans OB/GYN<sup>2</sup>. Contact the plans for details.

100%, after \$15 per visit	100%, after \$10 per visit
No tiering	No tiering
No tiering	No tiering
100%, after \$15 per visit <sup>4</sup>	100%, after \$10 per visit
100%, after \$25 per visit <sup>4</sup>	No tiering
Adult: 100%, after \$150 per admission Child: 100%, after \$200 per admission <sup>5</sup>	100%, after \$200 per admission
Adult: 100%, after \$300 per admission Child: 100%, after \$400 per admission <sup>5</sup>	No tiering
Adult: 100%, after \$500 per admission; Child: No tier 3 <sup>5</sup>	No tiering
Maximum 4 co-pays annually per person	

<sup>4</sup> Tufts Health Plan tiers the following surgeons based on their hospital affiliation's quality-cost score: General, Hand, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology. All other specialists are in tier 2.

<sup>5</sup> Tufts Health Plan groups its hospitals by adult medical/surgical services and obstetrics, which are called Level I: best quality-cost score, Level II: better quality-cost score, Level III: good quality-cost score. Pediatric hospitals are grouped by Level I: best quality-cost score and Level II: better quality-cost score.





# Benefits-at-a-Glance: PPO-Type Plans

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.



HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN PLUS	
	In-Network	Out-of-Network <sup>1</sup>
PROVIDER	UNICARE	
TELEPHONE NUMBER	1.800.442.9300	
WEBSITE	www.unicare-cip.com	
Inpatient Hospital Care	See page 10	80%, after hospital deductible
Hospice Care	100%	80%, after calendar year deductible
Emergency Room Care (includes out-of-area)	100%, after \$50 co-pay (waived if admitted)	
Outpatient Surgery	100%	80%
Diagnostic Laboratory Tests	100%	80%
Diagnostic Imaging (e.g., X-rays, CT Scans, MRIs)	100%	80%
Physician Office Visit and Preventive Care (except mental health)	See page 10	80%, after \$20 per visit and calendar year deductible
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
Inpatient Hospital Deductible/ Co-pay	See page 10	\$400 per person per calendar quarter
Outpatient Surgery Deductible/ Co-pay	\$75 per person per calendar quarter	\$75 per person per calendar quarter
Calendar Year Deductible		
Individual	\$0	\$100
Family	\$0	\$200
Prescription Drug Co-pay <sup>2</sup> Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs <sup>3</sup>	
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$90 non-preferred brand name drugs <sup>3</sup>	
Inpatient and Intermediate Mental Health and Substance Abuse Care	See page 6	
Outpatient Mental Health and Substance Abuse Care	See page 6	

<sup>1</sup> Benefits subject to reasonable and customary allowed amounts. Members may be responsible for a portion of the total charge.

<sup>2</sup> Contact the plan to find out how a specific drug is categorized.

<sup>3</sup> Additional charges may apply. See page 7 for Express Scripts details. Contact Tufts Health Plan for Navigator by Tufts Health Plan details.

For more information about plan designs,  
call the plan or visit its website.



HARVARD PILGRIM INDEPENDENCE PLAN				NAVIGATOR BY TUFTS HEALTH PLAN			
In-Network		Out-of-Network <sup>1</sup>		In-Network		Out-of-Network <sup>1</sup>	
Harvard Pilgrim Health Care				Tufts Health Plan			
1.800.542.1499				1.800.870.9488			
www.harvardpilgrim.org/gic				www.tuftshealthplan.com/gic			
See page 10	80%	After calendar year deductible, \$3,000 out-of-pocket max. per person	See page 11	80%	After calendar year deductible, \$3,000 out-of-pocket max. per person		
100%	80%		100%	80%			
100%, after \$50 co-pay (waived if admitted)			100%, after \$50 co-pay (waived if admitted)				
100%, after outpatient surgery co-pay	80%	After calendar year deductible, \$3,000 out-of-pocket maximum per person	100%, after outpatient surgery co-pay	80%	After calendar year deductible, \$3,000 out-of-pocket maximum per person		
100%	80%		100%	80%			
100%	80%		100%	80%			
See page 10	80%		See page 11	80%			
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.							
See page 10	Not applicable		See page 11	Not applicable			
\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable		\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable			
	Medical	Mental Health & Substance Abuse					
\$0	\$150	\$150	\$0	\$150			
\$0	\$300	\$300	\$0	\$300			
\$10 tier 1, \$20 tier 2, \$40 tier 3			\$10 tier 1, \$20 tier 2, \$40 tier 3 <sup>3</sup>				
\$20 tier 1, \$40 tier 2, \$90 tier 3			\$20 tier 1, \$40 tier 2, \$90 tier 3 <sup>3</sup>				
100%, after \$200 per admission; maximum 4 co-pays per calendar year	80%, after \$150 per admission		See page 6				
100%, after \$15 per individual visit or \$10 per group visit	Visits 1-15: 80% Visits 16 and over: 50%		See page 6				

## Benefits-at-a-Glance: HMOs

This chart is a comparative overview of HMO benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.



HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE
TELEPHONE NUMBER	1.866.344.4442	1.866.344.4442
WEBSITE	www.fchp.org	www.fchp.org
Inpatient Hospital Care	See page 11	
Outpatient Surgery	100%, after \$75 co-pay per occurrence  Maximum of four co-pays annually.	100%, after \$100 co-pay per occurrence Value Plus tier or \$125 per occurrence Value tier <sup>1</sup>
Diagnostic Laboratory Tests	100%	
Diagnostic Imaging (e.g., X-rays, CT and PET scans, MRAs, & MRIs)	100%	
Hospice Care	100%	
Emergency Room Care (includes out-of-network)	100%, after \$75 co-pay per visit (waived if admitted)	
Physician Office Visit (except Mental Health)	See page 11	See page 11
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
Prescription Drug Co-pays <sup>2</sup> <i>Network Pharmacy</i> – Up to a 30-day supply	\$5 tier I \$20 tier II \$60 tier III	\$5 tier I \$20 tier II \$60 tier III
<i>Mail Order</i> – Maintenance drugs up to a 90-day supply	\$10 tier I \$40 tier II \$180 tier III	\$10 tier I \$40 tier II \$180 tier III
Intermediate and Inpatient Mental Health and Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.	
Outpatient Mental Health and Substance Abuse Care	100%, after \$10 per visit	100%, after \$15 per visit Value Plus tier <sup>1</sup> 100%, after \$20 per visit Value tier <sup>1</sup>

<sup>1</sup> Tiers are based on the tier of your Primary Care Physician. Contact Fallon Community Health Plan for details.

<sup>2</sup> Contact the individual plan to find out how a specific drug is categorized.

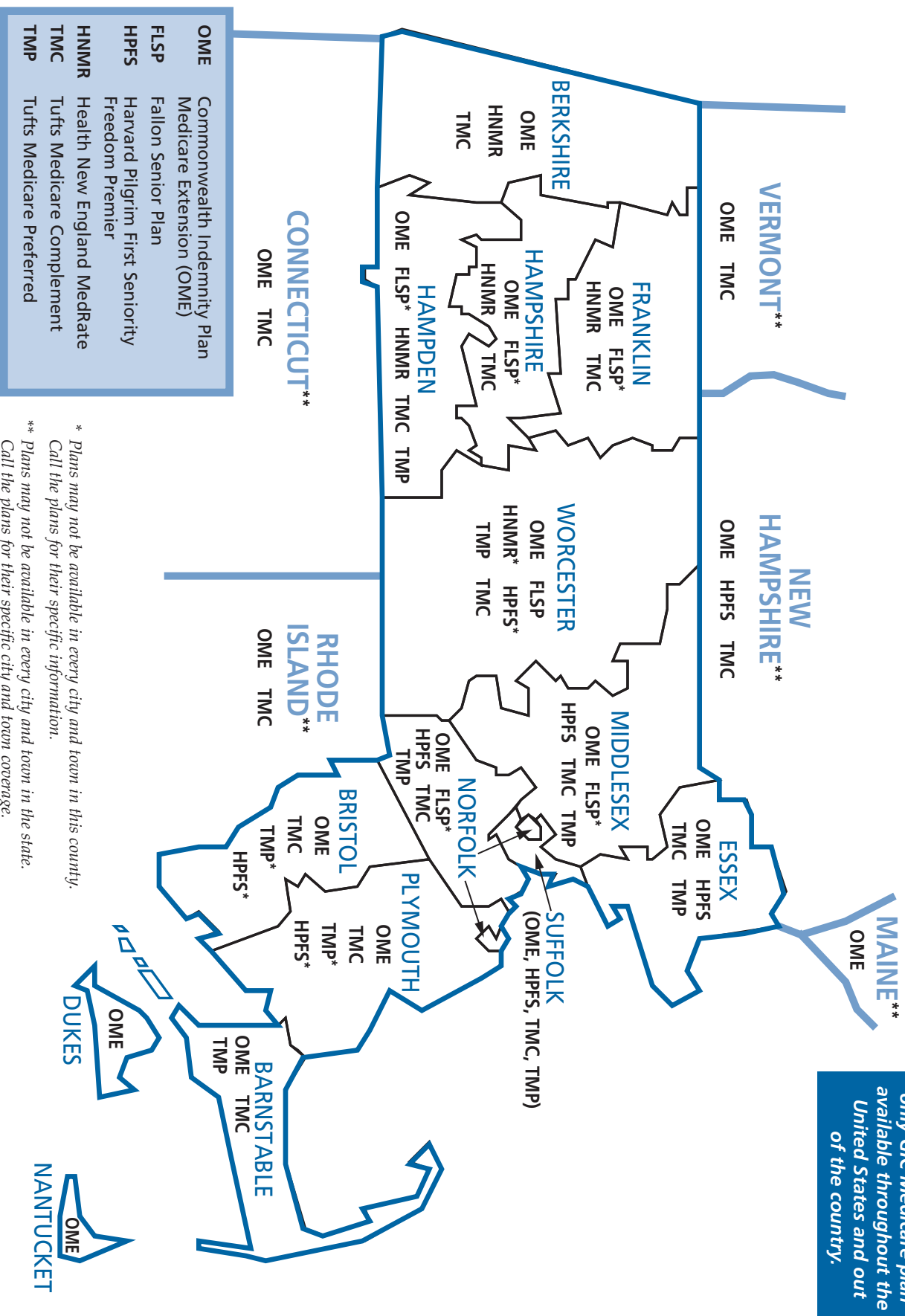
For more information about a specific plan's benefits or providers, call the plan or visit its website.



HEALTH NEW ENGLAND	NHP CARE	NHP COMMUNITY CARE
<b>1.800.842.4464</b>	<b>1.800.462.5449</b>	<b>1.800.462.5449</b>
<b>www.hne.com</b>	<b>www.nhp.org</b>	<b>www.nhp.org</b>
See page 10	100%, after \$300 co-pay per admission. Maximum of four co-pays annually per person.	See page 11
100%, after \$75 co-pay per occurrence	100%, after \$100 co-pay per occurrence	100%, after \$75 co-pay per occurrence
	Maximum of four co-pays annually.	
100%	100%	100%
100% X-rays and 100%, after \$50 per occurrence for CT and PET scans, MRAs & MRIs.	100%	100%
100%	100%	100%
100%, after \$50 co-pay per visit (waived if admitted)	100%, after \$75 co-pay per visit (waived if admitted)	100%, after \$50 co-pay per visit (waived if admitted)
See page 10	100%, after \$20 per visit	See page 11
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
\$10 tier 1 \$20 tier 2 \$40 tier 3	\$10 generic \$25 preferred brand name \$45 non-preferred brand name	\$7 generic \$20 preferred brand name \$40 non-preferred brand name
\$20 tier 1 \$40 tier 2 \$120 tier 3	\$20 generic \$50 preferred brand name \$135 non-preferred brand name	\$14 generic \$40 preferred brand name \$120 non-preferred brand name
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.		
100%, after \$15 per visit	100%, after \$20 per visit	100%, after \$10 per visit

# Is the Medicare Plan Available in Your Area?

Where you live determines which health plan(s) you are eligible to join. Review the county and state map below for an overview of health plan(s) available in your area.





# Medicare and Your GIC Benefits

## Medicare Guidelines

Medicare is the federal health insurance program for retirees age 65 and older and certain younger disabled people. Call or visit your local Social Security office to determine your eligibility.

Medicare Part A covers hospital care, some skilled nursing facility care and hospice care. Part B covers physician care, diagnostic X-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage. If you or your spouse is disabled, contact Social Security about Medicare eligibility. If you (the state insured) continue working after age 65, you and/or your spouse must enroll in Medicare Part A and defer your Medicare Part B until you retire. (Due to federal law, different rules apply for a same sex spouse.)



### When you (the state insured) retire:

- If you and/or your spouse is eligible for Part A for free, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage.

## Insured and Spouse Coverage if Under and Over Age 65

If you or your spouse or other covered dependent is younger than age 65, you and/or your spouse or other covered dependent (*under age 65*) will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

### Non-Medicare/Medicare Plan combination choices:

- Commonwealth Indemnity Plan Basic OR Commonwealth Indemnity Plan Community Choice OR Commonwealth Indemnity Plan PLUS/Commonwealth Indemnity Plan Medicare Extension (OME)
- Fallon Community Health Plan Direct OR Select Care/Fallon Senior Plan
- Harvard Pilgrim Independence Plan/Harvard Pilgrim Health Care First Seniority

- Health New England/Health New England MedRate
- Navigator by Tufts Health Plan/Tufts Health Plan Medicare Complement OR Tufts Health Plan Medicare Preferred

## GIC Medicare Choices

GIC Medicare plans provide comprehensive coverage for some services that Medicare does not cover. The Commonwealth Indemnity Plan Medicare Extension (OME) is available throughout the United States and outside of the country. The HMO Medicare plans require you to live in their service areas. *Refer to page 16 for additional information. See pages 18-19 for an overview of each plan's benefits.*

## Helpful Reminders



■ **You MUST continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC health coverage.**

- Call or visit your local Social Security office for more information about Medicare benefits.
- You may change GIC Medicare plans only during annual enrollment, unless you move out of a GIC Medicare HMO service area.
- If you want to enroll in the Commonwealth Indemnity Plan Medicare Extension (OME), write to the Group Insurance Commission.
- If you want to enroll in an HMO Medicare Plan, complete the HMO's Medicare application, available from the plan or our website. You must also notify the GIC in writing.
- Benefits and rates of Fallon Senior Plan, Harvard Pilgrim Health Care First Seniority Freedom Premier, and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2007. These three plans include Medicare Part D prescription drug benefits. Contact the plans for additional details.
- Medicare HMO enrollment areas may change at any time during the year.

## Benefits-at-a-Glance: Medicare Plans

This chart is an overview of the plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN MEDICARE EXTENSION (OME) with CIC <sup>1</sup> (Comprehensive) UNICARE	FALLON SENIOR PLAN <sup>2</sup>
TELEPHONE NUMBER	1.800.442.9300	1.866.344.4442
WEBSITE	<a href="http://www.unicare-cip.com">www.unicare-cip.com</a>	<a href="http://www.fchp.org">www.fchp.org</a>
Preventive Care <i>office visits according to schedule<sup>3</sup></i>	100%, after \$5 per visit	100%, after \$10 per visit
Physician Office Visit <i>(except mental health)</i>	100%, after \$35 calendar year deductible	100%, after \$10 per visit
Inpatient Hospital Care	100%, after \$50 deductible per quarter	100%
Hospice Care	100%, after \$35 calendar year deductible	100%
Diagnostic Laboratory Tests and X-rays	100%	100%
Surgery <i>Inpatient &amp; Outpatient</i>	100% within MA; call the plan for out-of-state details	100%
Emergency Room Care <i>(includes out-of-area)</i>	100%, after \$25 co-pay per visit <i>(waived if admitted)</i> <i>(calendar year deductible may apply)</i>	100%, after \$50 co-pay per visit <i>(waived if admitted)</i>
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period	
Prescription Drug Co-pays <sup>4</sup> <i>Network Pharmacy</i> – Up to a 30-day supply	\$7 generic \$20 preferred brand name \$40 non-preferred brand name <sup>5</sup>	\$8 tier I \$15 tier II \$35 tier III
<i>Mail Order</i> – Maintenance drugs up to a 90-day supply	\$14 generic \$40 preferred brand name \$90 non-preferred brand name <sup>5</sup>	\$16 tier I \$30 tier II \$105 tier III
Intermediate and Inpatient Mental Health and Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.	
Outpatient Mental Health Care	See page 6 for details.	100%, after \$10 per visit
Outpatient Substance Abuse Care	See page 6 for details.	100%, after \$10 per visit

<sup>1</sup> Without CIC (non-comprehensive) deductibles are higher and coverage is only 80% for some services. Contact UniCare for details.

<sup>2</sup> Benefits and rates of Fallon Senior Plan, Harvard Pilgrim First Seniority Freedom Premier, and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2007.

<sup>3</sup> Contact the plan for the schedule.

<sup>4</sup> Contact the individual plan to find out how a specific drug is categorized.

<sup>5</sup> Additional charges may apply. See page 7 for details on Express Scripts benefits.

For more information about a specific plan's benefits or providers, call the plan or visit its website.

HARVARD PILGRIM FIRST SENIORITY FREEDOM PREMIER <sup>2</sup>	HEALTH NEW ENGLAND MEDRATE	TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN MEDICARE PREFERRED <sup>2</sup>
1.800.779.7723	1.800.842.4464	1.800.870.9488	1.800.867.2000
<a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>	<a href="http://www.hne.com">www.hne.com</a>	<a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a>	<a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a>
100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
100%			
100%			
100%			
100%			
100%, after \$50 co-pay per visit (waived if admitted)			
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period			
\$10 tier 1 \$20 tier 2 \$35 tier 3	\$10 tier 1 \$20 tier 2 \$40 tier 3	\$8 tier 1 \$20 tier 2 \$35 tier 3	\$10 tier 1 \$20 tier 2 \$40 tier 3
\$20 tier 1 \$40 tier 2 \$105 tier 3	\$20 tier 1 \$40 tier 2 \$120 tier 3	\$16 tier 1 \$40 tier 2 \$70 tier 3	\$20 tier 1 \$40 tier 2 \$80 tier 3
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.			
100%, after \$5 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
Visit(s) 1-8: 100%, after \$5 per visit; Visits 9-20: 100%, after \$25 per visit Visits 21 and up: 50%	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit

## For More Information, Contact the Plans

*For more information about specific plan benefits, contact the individual plan.  
Be sure to indicate you are a GIC insured.*

### Health Insurance

Commonwealth Indemnity Plan Basic Commonwealth Indemnity Plan Community Choice Commonwealth Indemnity Plan Medicare Extension (OME) Commonwealth Indemnity Plan PLUS (UNICARE)	1.800.442.9300	<a href="http://www.unicare-cip.com">www.unicare-cip.com</a>
Commonwealth Indemnity Plans' Prescription Drugs (Express Scripts)	1.877.828.9744	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Commonwealth Indemnity Plans' and Navigator by Tufts Health Plan's Mental Health/Substance Abuse and EAP (United Behavioral Health)	1.888.610.9039	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
Navigator by Tufts Health Plan	1.800.870.9488	<a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a>
Fallon Community Health Plan Direct Care Select Care Senior Plan	1.866.344.4442	<a href="http://www.fchp.org">www.fchp.org</a>
Harvard Pilgrim Health Care Independence Plan First Seniority Freedom Premier	1.800.542.1499 1.800.779.7723	<a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a> <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Health New England HMO MedRate	1.800.842.4464	<a href="http://www.hne.com">www.hne.com</a>
Neighborhood Health Plan NHP Care NHP Community Care	1.800.462.5449	<a href="http://www.nhp.org">www.nhp.org</a>
Tufts Health Plan Medicare Complement Medicare Preferred	1.800.870.9488 1.800.867.2000	<a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a>

### Additional Resources

Social Security Administration	1.800.772.1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
Medicare	1.800.633.4227	<a href="http://www.medicare.gov">www.medicare.gov</a>

### OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583 [www.mass.gov/gic](http://www.mass.gov/gic)





# COMMONWEALTH OF MASSACHUSETTS

**Mitt Romney, Governor**  
**Kerry Healey, Lieutenant Governor**

**Group Insurance Commission**  
Dolores L. Mitchell, *Executive Director*  
19 Staniford Street, 4th floor  
Boston, Massachusetts

**Telephone:** 617.727.2310

**TDD/TTY:** 617.227.8583

## ***Mailing Address***

Group Insurance Commission  
P.O. Box 8747  
Boston, MA 02114-8747

## ***Website***

[www.mass.gov/gic](http://www.mass.gov/gic)

## ***Commissioners***

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**Commonwealth of Massachusetts**  
**Group Insurance Commission**

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